

ISSUE SLIP STAPLE AREA (for additional cross reference)

|                |           |              |               |
|----------------|-----------|--------------|---------------|
| NAME           | INITIALS  | ID NO.       | DATE          |
| DETERMINATION  | <i>Am</i> |              | <i>1/10/4</i> |
| CLASSIFIER     |           | <i>59</i>    |               |
| QUALITY REVIEW |           | <i>69055</i> | <i>1/10/4</i> |

### INDEX OF CLAIMS

Rejected ☐ N  
 Allowed ☐ I  
 (Through numeral)... Canceled ☐ A  
 Restricted ☐ O

| Claim | Class | Date | Class | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here